

# MECHANICAL DISTRIBUTION SUMMARY

PERFORMANCE USE ONLY

**MECH-5**

PROJECT NAME	DATE
ADDRESS	PERMIT NUMBER

**VERIFIED DUCT TIGHTNESS BY INSTALLER**☐ **DUCT LEAKAGE REDUCTION Pressurization Test Results (Aerosol or Manual Sealing) CFM @ 25 PA**

	Measured Values
Test Leakage (CFM)	

**Fan Flow**

If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here	
If Fan Flow is Measured, enter measured value here	
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)	
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests Performed	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)
-----------------	-----------	------	--

**HERS RATER COMPLIANCE STATEMENT**☐ **BUILDING TESTED Pressurization Test Results (Aerosol or Manual Sealing) CFM @ 25 PA**

As the HERS rater providing diagnostic testing and field verification, I certify that the building identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

Supply Duct R-value \_\_\_\_\_ ( R-value 4.2 or greater)  
Return Duct R-value \_\_\_\_\_ ( R-value 4.2 or greater)

- ☐ Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- ☐ Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.
- ☐ Minimum Requirements for Duct Leakage Reduction Compliance Credit

	Measured Values
Test Leakage (CFM)	

**Fan Flow**

If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here	
If Fan Flow is Measured, enter measured value here	
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)	
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests Performed	Signature	Date	HERS Rater (Name)
-----------------	-----------	------	-------------------

**COPY TO:** Building Department, HERS Provider (if applicable), and Building Owner at Occupancy